MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH County / Amount of the country / Death of the cou
Township Action of Primary Registration District No. 6 A Registered No. City Street Action of British Black St. Ward. 2. FULL NAME Action of Abdel) Length of residence in city or fown where death occurred yra. mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DISCORD OF HUSEARD OF ACTION OF BIRTH (WOMTH, DAY AND VEAR) THUSEARD OF ACTION OF BIRTH (WOMTH, DAY AND VEAR) ACTION OF BIRTH (WOMTH, DAY AND VEAR) ACTION OF DECEASED (a) Track, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer) (c) Name of employer 10. NAME OF FATHER ALLOWAR BOLLEGARY 11. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE (CITY OR TOWN). DAYE OF BALLEGARY AND STREET OF DEATH. DID NAME OF FATHER ALLOWAR BOLLEGARY WAS THERE AN AUTOSYT. TOO DATE OF DATE OF DATE OF DEATH. DATE OF DEATH. S. L. WARD. WARD. UIT DOMESTICATE OF DEATH WARD. S. L. WARD. WAS THERE AN AUTOSYT. TO TOWN AS STATE OF TOWN AND VEAR AND YEAR AND
Township Action of the City of
2. FULL NAME A COLOR OR RACE S. SINGLE MARRIED, WICKNESS OR DIVORED OR DIVORDED (OFFILE THE WORLD) OF THE MARRIED, WICKNESS OR DIVORDED OR
(a) Realdence. No. (Usual piace of abode) Length of residence in city or town where death occurred PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DIVORCED (certie the word) 5. LIF MARRIED, WIDOWED OR DIVORCED (certie the word) 5. LIF MARRIED, WIDOWED OR DIVORCED (certie the word) 5. LIF MARRIED, WIDOWED OR DIVORCED (certie the word) 5. LIF MARRIED, WIDOWED OR DIVORCED (certie the word) 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MEDICAL CERTIFICATE OF DEATH 15. DATE OF DEATH (MONTH, DAY AND YEAR) 17. 18. WILL BY LERT I.F.Y., That's pitended decogned trouble that I had saw below alive on. 19. July 10. July 10
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 15. SINGLE, MARRIED, WIDOWED OR DIVERGED (critis the word) MUSEARD OF MUSEARD OF MUSEARD OF MONTHS DATE OF BIRTH (MONTH, DAY AND YEAR) MONTHS DATE OF BIRTH (MONTH, DAY AND YEAR) MONTHS DATE OF BIRTH (MONTH, DAY AND YEAR) MONTHS DATE OF DEATH (MONTH, DAY AND YEAR) MEDICAL CERTIFICATE OF DEATH 17. JULY DAY 18. DATE OF DEATH (MONTH, DAY AND YEAR) MEDICAL CERTIFICATE OF DEATH 19. JULY DAY 19. JULY DAY MAD I let saw below a live on. 19. JULY DAY Months DATE OF BIRTH (MONTH, DAY AND YEAR) MONTHS DATE OF DEATH MONTHS MEDICAL CERTIFICATE OF DEATH 17. JULY DAY Months MEDICAL CERTIFICATE OF DEATH 17. JULY DAY Months MEDICAL CERTIFICATE OF DEATH 17. JULY DAY MONTHS DATE OF DEATH MONTHS DATE OF DEATH MONTHS DATE OF DEATH MONTHS MEDICAL CERTIFICATE OF DEATH 17. JULY DAY MAD I MEDICAL CERTIFICATE MEDICAL
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 15. SINGLE, MARRIED, WIDOWED OR DIVERGED (critis the word) MUSEARD OF MUSEARD OF MUSEARD OF MONTHS DATE OF BIRTH (MONTH, DAY AND YEAR) MONTHS DATE OF BIRTH (MONTH, DAY AND YEAR) MONTHS DATE OF BIRTH (MONTH, DAY AND YEAR) MONTHS DATE OF DEATH (MONTH, DAY AND YEAR) MEDICAL CERTIFICATE OF DEATH 17. JULY DAY 18. DATE OF DEATH (MONTH, DAY AND YEAR) MEDICAL CERTIFICATE OF DEATH 19. JULY DAY 19. JULY DAY MAD I let saw below a live on. 19. JULY DAY Months DATE OF BIRTH (MONTH, DAY AND YEAR) MONTHS DATE OF DEATH MONTHS MEDICAL CERTIFICATE OF DEATH 17. JULY DAY Months MEDICAL CERTIFICATE OF DEATH 17. JULY DAY Months MEDICAL CERTIFICATE OF DEATH 17. JULY DAY MONTHS DATE OF DEATH MONTHS DATE OF DEATH MONTHS DATE OF DEATH MONTHS MEDICAL CERTIFICATE OF DEATH 17. JULY DAY MAD I MEDICAL CERTIFICATE MEDICAL
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DIVORCED (crite the word) The Divorce (crite the word) S. If Married, WIDOWED, DIVORCED (crite the word) S. If Married, WIDOWED, DIVORCED (crite the word) S. A. If Married, WIDOWED, DIVORCED (crite the word) HISSAND OF COUNTRY DAY AND YEAR OF DEATH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH WAS AS FOLLOWS: (Application of DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) 19. NAME OF FATHER ALACASE BARBAGAN WAS THERE AN AUTOPSY! WAS THERE AN AUTOPSY! WAS THERE AN AUTOPSY! 15. DATE OF DEATH (MONTH, DAY AND YEAR) 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. 17. 17. 18. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 16. DATE OF DEATH (MONTH, DAY AND YEAR) 19. DATE OF DEATH. WAS THERE AN AUTOPSY! WAS THERE AN AUTOPSY! NOTE OF DEATH (MONTH, DAY AND YEAR) 19. DATE OF DATE OF DEATH (MONTH, DAY AND YEAR) 19. DATE OF DATE O
DIVORCED (Gride the word) 5a. If Married Brown and Drown and Drow
5a. If Married Proposers or Director Husband or Husband of Husband
HUSSAND OF SUPERIOR OF TOWN OF THE PROPERTY OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) OV 18 1 LESS than 1 deeth occurred, on the date stated above, at
6. DATE OF BIRTH (MONTH, DAY AND YEAR) ON S IN LESS than 1 6. DATE OF BIRTH (MONTH, DAY AND YEAR) ON S IN LESS than 1 6. DAYS IN LESS than 1 6. DAY
7. AGE YEARS MONTHS DAYS II LESS than 1 day, hrs. hrs. or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) Aright Color Months (State or country) 19. NAME OF FATHER Related & Bollogar Was there an autopsy: Months Aright Color Man operation precede deaths. Date of Man operation precede deaths.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER PLACES Ballegar Was there an autopsys. (a) Trade, profession, or country (derein) (General nature of industry, business, or establishment in (SECONDARY) (SECONDARY) 18. Where was disease contracted 18. Where was disease contracted 19. Did an operation precede deaths. 10. Date of Mass there an autopsys.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER Relational Rolling and Collegian Was there an autopsys. ODID AN OPERATION PRECEDE DEATHY. Was there an autopsys.
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER ALDOON, Bullingar 11. Where was disease contracted 12. If not at place of deaths. ODID an operation precede deaths. ODID an operation precede deaths. Was there an autopsys.
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER ALDOON, Bollingar Was there an autopsy: Was there an autopsy: Was there an autopsy:
(b) General nature of industry business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 19. NAME OF FATHER Resolves Ballegar Was there an autopsys. CONTRIBUTORY (SECONDARY) (SECONDARY) 18. Where was disease contracted IF NOT AT PLACE OF DEATH? ODID AN OPERATION PRECEDE DEATH? Was there an autopsys.
business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) Wring La Cili Mo (State or country) 19. NAME OF FATHER Resolved & Ballegar Was there an autopsys Mo Was there are a autopsys Mo Was there
(c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) Wright Color MD (State or country) 10. NAME OF FATHER Resource & Bollegar Was there an autopsys. Mo (duration) yrs. mass. ds. 18. Where was disease contracted 19. NAME OF FATHER Resource & Bollegar Was there an autopsys. Mo Was there are a utopsys. Mo Was there are a
9. BIRTHPLACE (CITY OR TOWN) Wring La Cily MD (STATE OR COUNTRY) 19. NAME OF FATHER Ridor & Bolligar Was there an autopsys. Was there an autopsys.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 19. NAME OF FATHER Resource & Bollingar Was there an autopsys.
(STATE OF COUNTRY) 19. NAME OF FATHER Resource & Bollingar Was there an autopsys. No.
19. NAME OF FATHER RELOCOL Bollingar ODID AN OPERATION PRECEDE DEATHY. NO. DATE OF WAS THERE AN AUTOPSYS. WAS THERE AN AUTOPSYS.
Was there an autopsys. 20
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(Sidned) / Walthur M. D.
The state of the s
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
1. Why Mm H C -
INFORMANT (Address) (Address) (Address) (Address) (Address) (Address)
15 of warrendon to May 29 1927
FILED THE 1924 A THUCOMORE MY 20. UNDERTAKER ADDRESS /
REGISTRAR OG VILLERAN & LOOVE
" - 1. Junior of Army Whiston II

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry. and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease Causing Death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None,

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feeer (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions. such as "Asthenia," "Anemia" (merely symptomatio), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.). "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicids. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, totanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.